

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-007-20161
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator EL PASO ENERGY RATON, L.L.C.		6. State Oil & Gas Lease No.
3. Address of Operator		7. Lease Name or Unit Agreement Name: VPR B
4. Well Location Unit Letter <u>A</u> : <u>717</u> feet from the <u>North</u> line and <u>801</u> feet from the <u>East</u> line Section <u>36</u> Township <u>30N</u> Range <u>18e</u> NMPM Colfax County		8. Well No. 27 WDW
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 8070' (GL)		9. Pool name or Wildcat

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: **CHANGE OF OPERATOR** ☒

12.

For the referenced well, the operator has changed:

From: **Sonat Raton, L.L.C.**
P.O. Box 190
Raton, New Mexico 87740

To: **El Paso Energy Raton, L.L.C.**
P.O. Box 190
Raton, New Mexico 87740

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Ruth Subaich TITLE SR. PETRELOEUM ENGINEER DATE 07/23/00

Type or print name: DON LANKFORD Telephone No.: (505)445-4621
(This space for State use)

APPROVED BY [Signature] TITLE **DISTRICT SUPERVISOR** DATE 8/7/00
Conditions of approval, if any: